## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10-600524

|  | •  | · CLAIMS A                                | S FILED - PART I  (Column 1) (Column 2) - |   |              |                  | SMALL ENTITY TYPE |                   |                        |       | R THAN             |                        |
|--|--|---|---|---|--------------|------------------|-------------------|-------------------|------------------------|-------|--------------------|------------------------|
| TOTAL CLAIMS   |  |   | 1,55.5.1                                  | <u>"' '                                  </u> | 100.         | Ortal 2)         |                   | RATE              | FEE                    |       | SMALL              | FEE                    |
| FOR  |  |   | NUMBER FILED                              |   | NUMBER EXTRA |                  |                   | BASIC FE          |                        |       | BASIC FEE          | <del></del>            |
| TOTAL CHARGEABLE CLAIMS  |  |   | .ainus 20=                                |   |              |                  |                   | X\$ 25=           | 1.                     | OR    | 1/222              |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                                 |   |              | ·                | ·                 | X100=             | <del> </del>           | 7     | \                  | <del> </del>           |
| М  | ULTIPLE DEPE                                   | ENDENT CLAIM I                            | RESENT                                    |   |              |                  |                   | ·                 | <del> </del>           | OR    |                    |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |   | column 2     |                  | +180=             | <del></del>       | OR                     | L     | ·                  |                        |
|  | 2-00 CLAIMS A'S AMENDED - PART II              |   |   |   |              |                  |                   |                   | <u></u>                | OR    | •                  |                        |
| 2  | 8205   | (Column 2) (Column 3)                     |   |   |              | SMALL            | ENTITY            | OR                | OTHER<br>SMALL         |       |                    |                        |
| AMENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F             | ER<br>USLY   | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 93                                      | Minus :                                   | "/0   | 13           | =                |                   | X\$ 25=           |                        | OR    | X\$50=             |                        |
| AME  | Independent                                    | ENTATION OF M                             | Minus                                     | AHA /   | <u> </u>     | = -              |                   | X100=·            |                        | OR    | X200=              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |              |                  | +180=             |                   | OR                     | +360= |                    |                        |
| ,  |  |   |   |   |              |                  |                   | TOTAL             |                        | 4 (   | YOTAL              | <del>- : ,</del>       |
| (Column 1). (Column 2) (Column 3)  |  |   |   |   |              |                  |                   | DDIT, FEE         | <u> </u>               | 1011  | ADDIT. FEE         | . :                    |
| AMENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·   | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI          | ER<br>JSLY   | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                     | 44  |              | =                |                   | X\$ 25=           |                        | OR    | X\$50=             |                        |
|  | Independent                                    | *<br>NTATION OF MU                        | Minus                                     | ***   |              | <u>-</u>         |                   | X100=             |                        | OR    | X200=              |                        |
|  |  | attivition of the                         | CHPCE DEF                                 | ENDENT  | ·            |                  |                   | +180=             |                        | OR    | +360=              |                        |
|  |  | •   | -   |   | •            |                  | AC                | TOTAL<br>DIT. FEE |                        | OR A  | TOTAL<br>DDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                          |  |   |   |   |              |                  |                   |                   |                        |       |                    |                        |
| MEN  |  | REMAINING<br>AFTER<br>AMENDMENT           |   | NUMBE<br>PREVIOU<br>PAID FO                   | R            | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total ·  | 4   | Minus                                     | ##  |              | =                | >                 | <b>(\$ 2</b> 5=   |                        | OR    | X\$50=             |                        |
|  | Independent                                    | 4   | Minus                                     | 444   |              | -                | 1,                | (100=             |                        | ŀ     | X200=              |                        |
|  | PIHOT PHESE                                    | NTATION OF MU                             | LTIPLE DEP                                | ENDENT C                                      | LAIM         |                  |                   | 180=              |                        | "h    |                    |                        |
|  | •  |   |   |   |              | •                | Ľ                 |                   |                        | OR    | +360=-             |                        |
|  |  |   |   |   | ٠            |                  |                   |                   |                        |       | -                  |                        |

| RECEIVED<br>RETAIO MATANER | • |
|----------------------------|---|
| Title The Control          |   |

|   | Act of 1925, no possons are requi   | U.S. Periant and<br>red to respond to a collection | Treatment Office U.S. D. | gh 7/31/2000, CAUS 0851-0851<br>EPARTMENT OF COMMERCE<br>Usys a voild OMB control number. |  |  |  |  |  |
|---|---|--|--------------------------|---|--|--|--|--|--|
|   | NSION OF TIME UNDER   | Docket Number (Optional)                           |                          |   |  |  |  |  |  |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   |  |                          |   |  |  |  |  |  |
| Application Number  | 10/600,524-Conf.  | Filed  | June 23, 2003            |   |  |  |  |  |  |
| For DEVICES WITHOUT CURRENT CROWDING EFFECT AT THE FINGER'S ENDS  |   |  |                          |   |  |  |  |  |  |
| Art Unit 2826   |   |  | Exeminer                 | F. Abraham  |  |  |  |  |  |
| identified application.   | the provisions of 37 CFR 1.   | •  |                          |   |  |  |  |  |  |
| i ne requested extension  | I SIND 168 BIE 85 KUIDWO (C.  | _  | Small Entity Fee         |   |  |  |  |  |  |
| rinom enQ X   | (37 CFR 1.17(a)(1))   | <u>Fee</u><br>\$120                                | \$60                     | \$ 120.00   |  |  |  |  |  |
|   | s (37 CFR 1.17(a)(2))   | \$450  | \$225                    | 8   |  |  |  |  |  |
| Three mont  | ths (37 CFR 1.17(a)(3))   | \$1020   | \$510                    | \$  |  |  |  |  |  |
| Four month  | s (37 CFR 1.17(a)(4))   | \$1590   | \$795                    | 8   |  |  |  |  |  |
| Five month  | s (37 CFR 1.17(a)(5))   | \$2160   | \$1080                   | \$  |  |  |  |  |  |
| Applicant claims  | small entity status. See 37   | 7 CFR 1.27.  |                          |   |  |  |  |  |  |
|   | mount of the fee is enclose   |  |                          |   |  |  |  |  |  |
|   |   |  |                          |   |  |  |  |  |  |
|   | Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account. |  |                          |   |  |  |  |  |  |
|   |   |  |                          |   |  |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.            |   |  |                          |   |  |  |  |  |  |
|   |   |  |                          |   |  |  |  |  |  |
| l am the  | applicant/inventor.   |  |                          |   |  |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enciosed. (Form PTO/SB/98).   |   |  |                          |   |  |  |  |  |  |
| attorney or agent of record. Registration Number  |   |  |                          |   |  |  |  |  |  |
| x attomey or agent under 37 CFR 1.34.   |   |  |                          |   |  |  |  |  |  |
| Registration number if acting under 37 CFR 1.34 32.334  |   |  |                          |   |  |  |  |  |  |
| Virin   | Lenney May  | July 22, 2005                                      |                          |   |  |  |  |  |  |
|   | Signature<br>Joe McKinney Muncy   |  | (703)                    | 205-8026  |  |  |  |  |  |
| <del></del>   | Typed or printed name   |  |                          | one Number  |  |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire frames or their representatively) are required. Submit multiple feams if upons than one alignature is required, see Datow. |   |  |                          |   |  |  |  |  |  |
| Total of  | forms are sub   | mitted.  |                          |   |  |  |  |  |  |

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